

**State of Minnesota****District Court**

County

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: General

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent**Supplemental Affidavit  
for Proceeding  
In Forma Pauperis  
(Minn. Stat. § 563.01)**

STATE OF MINNESOTA )  
 ) SS  
COUNTY OF \_\_\_\_\_ )  
(County where *Affidavit* signed)

1. I am a party in this action and make this request in good faith.
2. (Check one of the following:)
  - ☐ An order allowing me to proceed *in forma pauperis* without paying filing fees, service and publication fees, and copy fees has previously been issued in this case.
  - Or
  - ☐ I have completed and attached an “Affidavit for Proceeding *In Forma Pauperis*.”
3. I am asking for an order directing the payment of the following costs by the state courts ~~proper governing body~~:
  - a. ☐ Witness/expert witness for: \_\_\_\_\_
    - ☐ Trial ☐ Deposition

Name and address of witness: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I expect this witness to provide the following evidence or testimony (please give a general description):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I estimate the costs for this witness to be:

Subpoena	\$ _____
Service Fee	\$ _____
Mileage	\$ _____
Attendance Fee	\$ _____
Other _____	\$ _____

b. ☐ Transcript expenses:

Date of hearing, trial or deposition: \_\_\_\_\_

I need a copy of this transcript for the following reasons:

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I estimate the costs of obtaining this transcript to be:

Court reporter fees	\$ _____
Copy fees	\$ _____
Other; _____	\$ _____

c. ☐ Other expenses:

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These expenses are necessary because:

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Estimated costs: \$ \_\_\_\_\_

Dated: \_\_\_\_\_

Sworn/affirmed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator

\_\_\_\_\_  
Signature (*Sign only in front of notary public or court administrator.*)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_